



The Woman's Clinic

Application for Employment

PERSONAL INFORMATION

Name: (Last, First) _____ Social Security Number: _____

Present Address: _____
City State Zip Code

Present Address: _____
City State Zip Code

Home Phone: _____ Cell Phone: _____ Email: _____

Position Desired: _____ Date Available to Work: _____ Salary Desired: _____

Currently employed: Yes or No If so, may we inquire of your present employer: Yes or No

Referred by: _____

EDUCATION HISTORY

Name and location of school:	Years attended:	Did you graduate:	Subject Studied:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Subjects of special study/Research work or special training/skills: _____

EMPLOYMENT HISTORY

Please list last 4 employers, starting with last one first.

Employer Name and Address: **Employed To-From:** **Salary:** **Position:** **Reason for leaving:**

AUTHORIZATION - PLEASE READ CAREFULLY

Have you ever been on probation or sentenced to jail/prison as a result of a conviction or a guilty plea for a crime or violation other than a minor traffic infraction? Yes or No

If yes, please explain in the space below. Factors such as job relations, time of offense, and the seriousness and nature of the violation will be taken into account. _____

By signing below, I submit to pre-employment, random, post-accident, reasonable suspicion, and follow-up drug and/or alcohol testing. I realize that a thorough and periodic background check will be performed.

Signature: _____ **Date:** _____

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information that they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representation of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disability Act (ADA) and other relevant federal state laws."

Signature: _____ **Date:** _____

REFERENCES

Please list the names and phone numbers of 3 persons **NOT** related to you, whom you have known for at least 1 year.

Name: **Phone #:** **Business:** **Years Known:**
